

Return this application to:  
State Board of Hairdressers & Cosmetologists  
111 St. James Court, Suite A, Frankfort, Kentucky 40601

**COSMETOLOGIST**  
**Application for Examination**  
**NO REFUND OF EXAMINATION FEE**  
**APPLICANT MUST SIGN FULL NAME, USE NO INITIALS**  
**PLEASE FILL IN ALL BLANKS BELOW**

ATTACH 2 x 2 HEADSHOT  
PHOTOGRAPH  
HERE  
PHOTO QUALITY ONLY!!  
NO PAPER COPIES  
ACCEPTED!

Date photo was taken: \_\_\_\_\_

This application must reach the Board Office complete at least ten (10) working days prior to the beginning examination date.

Examination fee of SEVENTY FIVE (\$75.00) must accompany this application. Payment must be made in the form of a Money Order, Cashiers Check or Cash (Correct Change Only). No personal or business checks will be accepted.

**NOTE** – The applicant is required to provide the following information; make no changes on the printed form; write distinctly with ink. Give full name; use no initials. **EXAMINATIONS GIVEN MONTHLY EXCEPT JULY AND AUGUST. You will be notified of the examination date from this office following the examination deadline.**

1. Full Name \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

2. Current Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Mailing Address for Notice of Exam Date \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

3. Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. How many months have you been engaged in the practice of Cosmetology in Kentucky? \_\_\_\_\_

Give Dates: Starting date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name and Address of shop in which apprenticeship was served: \_\_\_\_\_

Signature of Salon Owner \_\_\_\_\_ Salon License #: \_\_\_\_\_

Salon Telephone #: \_\_\_\_\_

5. Name and Address of Cosmetology School Attended: \_\_\_\_\_

6. Date Apprentice Cosmetologist License Obtained: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

7. Have you been convicted of a felony that has not previously been reported to the board office? ☐ Yes ☐ No  
If you answered yes, documentation of felony must be attached to this application for review by the Board.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Issuance of License: \$25.00 (Twenty-five dollars) – After successful completion of the examination.

*You must have this application notarized by a Notary Public.*

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_

Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, in and for \_\_\_\_\_ County, State of \_\_\_\_\_

Commission Expires \_\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_

**ADA POLICY STATEMENT:** The Kentucky Board of Hairdressers and Cosmetologists will provide reasonable accommodations in the administering of all licensure examinations for individuals with disabilities who have met the qualifications for examination. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying his/her disability.

**DEAR APPRENTICE COSMETOLOGIST**

**UPON COMPLETION OF YOUR six (6) months apprenticeship in a beauty salon** under the immediate supervision of a licensed cosmetologist, please review & complete the application on the reverse side of this document for your regular cosmetologist examination. Please return same to the office of the board **with** your examination fee of seventy-five dollars (\$ 75.00 ).

To assure prompt processing or avoid delays by returning your application to you, be sure to complete the application by providing all information requested as follows:

1. Indicate your full name including middle, maiden and married name. Do not use initials. Indicate your birth date.
2. Indicate your current address & mailing address (for notification of examination date & time).
3. Indicate your Social Security number, date of birth, and phone number.
4. Indicate how many months you have been working as a cosmetologist in Kentucky. Indicate the starting and ending dates of your employment in a salon. Include the MONTH, DAY, and YEAR. If you are still employed indicate "still employed." Give the name(s) and address(es) of each salon where you served your apprenticeship. Each salon owner must sign your application & indicate dates of employment, salon telephone number, & salon license number.
5. Indicate the name and address of the school you graduated from.
6. Indicate the date you obtained your Apprentice license. Gender.
7. Indicate if you have been convicted of a felony not previously reported to the Board office. If you answer yes, you must provide documentation of the felony to be reviewed by the Board before you will be scheduled for examination.

The application must be signed, using your full name, the application must be notarized in full, including the notary's signature and date his/her commission expires, your picture **must** be attached, and the correct fee must be submitted with this application. Upon receipt of your completed application and fee, you will receive notification of the date and time to report for the examination.

**DO NOT SUBMIT YOUR APPLICATION UNTIL YOU HAVE COMPLETED A FULL SIX (6) MONTHS APPRENTICESHIP; YOUR APPLICATION WILL NOT BE ACCEPTED IF SUBMITTED EARLY!!**

**If you have any questions, please contact THE KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS (502)564-4262, WWW.KBHCKY.GOV**

**\*\*\* ALL LICENSES MUST BE RENEWED DURING JULY OF EACH YEAR !!!!!!!!!**

Revised April 19, 2010